



Plan Review Application Hood Suppression Permit

SUBMIT PLANS & APPLICATION TO: firemarshal@pagosafire.com

Allow 21 days for review after a complete submittal

Date _____

Manufacturer's Dealer Registration Number: _____ **(Must Be Current)**

System Contractor: _____

Mailing Address: _____

Primary Contact: _____

Cell Phone: _____ Office: _____ Email: _____

Plan Review to be Returned to:

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Type of Plan Submittal:

	1st Submittal	2nd Submittal	3rd Submittal (See Fee Schedule)
Installation Type:	New Install	Addition/Alteration	Retrofit

Required with Submittal:

- Cover letter indicating scope and description of project
- Electronic PDF copy and hard copy of stamped plans submitted
- Product specifications (Electronic PDF copy with specific products highlighted or indicated is acceptable)

Calculated Fee:

\$250.00 X number of hood suppression systems in the facility _____) = Total \$ _____

Project Details:

Project/Site Name: _____

Physical Address: _____ Bldg./Suite/Floor: _____

Project Installer/Supervisor: _____ On-Site Phone: _____

System Designed by: _____ Phone: _____

Email: _____

Project General Contractor: _____ Phone: _____

Email: _____

Building/Business Owner: _____ Phone: _____

Email: _____

Pagosa Fire Protection District Use ONLY:

Permit Number Issued: _____

Date Submitted: _____ **Date Fee Received (if applicable):** _____ **Amount Received \$:** _____

Plan Examiner: _____